

CITY OF ALAMO HEIGHTS  
6116 BROADWAY  
SAN ANTONIO, TEXAS 78209  
210-822-3331  
FAX 210-822-8197



ACCOUNT NO: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON FOR FILING ADJUSTMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐

SEWER ADJUSTMENT

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WATER LEAK ADJUSTMENT

LOCATION OF PROBLEM: \_\_\_\_\_

CAUSE OF PROBLEM: \_\_\_\_\_

DATE PROBLEM WAS FIRST NOTICED: \_\_\_\_\_

DATE PROBLEM WAS CORRECTED: \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHO MADE REPAIRS: \_\_\_\_\_

***Note: Please attach copies of invoices/receipts. Provide explanation and receipts for supplies, if work was performed by owner.***

Please consider my request for an adjustment. All information above is true and correct.

\_\_\_\_\_  
(Signature of Applicant)